

Maricopa Integrated Health System/ Health Plans Clinical Practice Guidelines

Title:

Asthma Guidelines

Sources:

National Institute of Health (NIH)

Guideline for Diagnosis and Management of Asthma

Disease/Condition:

Asthma

Category:

Diagnosis, Treatment, Prevention and Evaluation

Clinical Plans:

Maricopa Senior Select Plan Members (MSSP)

Maricopa Health Plan (MHP)

Maricopa Long Term Care Plan (MLTCP)

Health Select (HS)

Intended Users:

Physicians, Nurse Practitioners, Allied Health Care Practitioners

Objectives:

1. Improve and standardize care delivered to eligible patients with Asthma
2. Guide the diagnosis and management of Asthma in eligible members .

Target Population:

1. All eligible members enrolled in MIHS Health Plans.

Clinical Practice Guidelines:

1. Members with a diagnosis of Asthma (ICD-9 code 493) will be evaluated by PCP or appropriate specialist at least every 6 months, or as clinically indicated.
2. Members diagnosed with Asthma (ICD-9 Code 493) require a short-acting beta 2 agonist (rescue inhaler) for symptoms.
3. Patients requiring 6 or more refills of a short-acting beta 2 agonist have a maintenance anti-inflammatory drug prescribed (i.e. inhaled steroids, cromolyn, or nedocromil)

Monitoring:

Evaluation of physician compliance will be conducted on an annual basis by Quality Management in conjunction with the Asthma Disease Management Coordinator.

Qualifying Statement:

The Clinical Practice guidelines are developed for the purpose of defining a basic standard for providing effective care to MIHS Health Plans members with Asthma.